## **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

entity

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** 

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

(d)

Total income

(e)

End-of-year assets

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Co	omplete if that ax year.	ne organization a	nswered "Yes" o	n Form 990, Part	IV, line 34, bed	ause it h	ad
	(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	g Section s	(g) 512(b)(13) crolled tity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Eor Danoru	early Paduation Act Nation, see the Instructions for Form 99	^		0-4	No F012EV		Sabadula	D (Form 0	00) 2018

Name, address, and EIN (if applicable) of disregarded entity

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 – 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing (-1 partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)								_	
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a	3	
b	Gift, grant, or capital contribution to related organization(s)	. 1k	<b>)</b>	
С	Gift, grant, or capital contribution from related organization(s)	. 10	;	
d	Loans or loan guarantees to or for related organization(s)	. 10	t	
е			•	
f	Dividends from related organization(s)	. 11	f	
g			,	
h			-	
i	Exchange of assets with related organization(s)		i	
i	Lease of facilities, equipment, or other assets to related organization(s)		i	
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	. 16		
ı	Performance of services or membership or fundraising solicitations for related organization(s)		_	
m			-	
n			-	
0			-	
U	Grianing of paid employees with related organization(s)			
n	Reimbursement paid to related organization(s) for expenses	. 1p		
q			-	
ч	The initial serificial by related organization (5) for expenses		1	
r	Other transfer of cash or property to related organization(s)	. 11		
s			-	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transfer			holds
			illes	illoius.
	(a)(b)(c)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determined	(d) rmining am	ount	involved
(1)				
,				
(2)				
(3)				
(4)				
(5)				
(6)				

## Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	, section ed 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No							
(1)																				
(2)																				
(3)																				
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(12)																				
(13)																				
(14)																				
(15)																				
(16)																				

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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.									
	Trovide additional information for responses to questions on deficution 11. Occ instructions.									